

**HIT Standards Committee  
Implementation Workgroup  
Transcript  
January 14, 2013**

**MacKenzie Robertson – Office of the National Coordinator**

Thank you. Good morning everybody. This is MacKenzie Robertson in the Office of the National Coordinator for Health IT. This is a meeting of the HIT Standards Committee's Implementation Workgroup. It is a public meeting and there is time for public comment on the agenda. The call is also being recorded, so please make sure to identify yourselves when speaking. I'll now go through the roll call. Liz Johnson?

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
I'm here.

**MacKenzie Robertson – Office of the National Coordinator**  
Thanks Liz. Cris Ross?

**Christopher Ross – Mayo Clinic – Chief Information Officer**  
I'm here.

**MacKenzie Robertson – Office of the National Coordinator**  
Thanks Cris. Anne Castro?

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**  
I'm here.

**MacKenzie Robertson – Office of the National Coordinator**  
Thanks Anne. John Derr? Tim Gutshall? Joe Heyman? David Kates? Tim Morris? Stephen Palmer? Sudha Puvvadi? Wes Rishel?

**Wes Rishel – Gartner, Incorporated – Vice President & Distinguished Analyst**  
Here.

**MacKenzie Robertson – Office of the National Coordinator**  
Thanks Wes. Ken Tarkoff? John Travis?

**John Travis – Cerner Corporation**  
Here.

**MacKenzie Robertson – Office of the National Coordinator**  
Thanks John. Micky Tripathi? Gary Wietecha? Rob Anthony? Kevin Brady? Tim Cromwell? Nancy Orvis? And are there any ONC staff members on the line?

**Scott Purnell-Saunders – Office of the National Coordinator**  
Good morning, this is Scott Purnell-Saunders.

**MacKenzie Robertson – Office of the National Coordinator**  
Hi Scott.

**Melissa Manis – Office of the National Coordinator**  
Good morning, this is Melissa Manis.

**MacKenzie Robertson – Office of the National Coordinator**  
Thanks Melissa. Okay, I'll turn it back to you, Liz and Cris.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Great. Good morning everybody and thank you for joining us. Our task today is: Scott has captured a lot of our comments over the past few weeks and, this is our opportunity to go through those comments and make sure we understand what the intent was, because we need to now get these to very clear statements that can stand alone outside of our conversations. One of the things that Cris and I have talked about is that we need to be very sure that we are answering the question that was asked on the grid, and then if we have time to comment on future or other questions, we'll do that. Let me tell you what I mean by that. In the grid itself, as you can see, there are several columns and the first column is where Stage 2 is, the second column is Stage 3 recommendations and then if there is a proposal for a future stage, that's in the third column. And then the actual question that we should be asking is in the fourth column.

And I think as we read through that we often looked at one, the specifics of the recommendation itself and not the question, which is fine, but we just need to make sure we get to the question. And then at times we commented again on future state rather than answering the question. So our goal today is make sure that we answer the question and that if there is something that the group feels like it's critical that Cris and I bring forward or Wes or Anne, during the meeting, that we do that in conjunction. Our time is very limited. The way the meeting is set up for Wednesday, is that each group will be given a very short time frame, twelve minutes, to get to their comments and I'm hoping we're building on each other, MacKenzie I'll leave that to you in just a moment. But, we will need to very succinctly answer questions and move on, just due to the amount of material that has to be covered. MacKenzie, any comment on the reporting format.

**MacKenzie Robertson – Office of the National Coordinator**

No. We just have the slight change because some people were concerned that, with two hours, that we wouldn't be able to get through everybody's comments. So the twelve minutes is really just supposed to be high-level analysis, if there are any key points you wanted to make or really dive into one issue specifically. But we'll always have the reference document, the RFC, which includes everyone's comments line by line. We'll have that as part of the meeting material; so that will be the reference that people can look up specifics, and then just give your high, overarching comments within your presentation period. Because otherwise I don't think we'll ever get through it all.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

And so what we're doing then is, for example, on the first one, the clinical operations group will present that and we will not make comments, we'll only speak to our primaries.

**MacKenzie Robertson – Office of the National Coordinator**

We're not going line by line anymore. It's really just an overarching, what are your key themes that you've been hearing taking away. If you can just do a more high-level analysis, there's not going to be time to go line by line.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

I understand. Okay. All right. So, in order ... I think what we'll, we'll get through it and make sure that we understand the critical issues with each one and then I would suspect, and Cris I'll for your comments, that we will need to get back to the group, I guess via e-mail, because we'll need to have this completed by tomorrow, what we believe the high level themes are. We can attempt to get to that today; I'm just worried about our time frame. Cris?

**Christopher Ross – Mayo Clinic – Chief Information Officer**

Yeah, so I think it would – we should start with the document in front of us, which has some working notes from a pretty ... sort of conversation. I think our goal today, and Liz I think this is in line with what you and I talked about last night, is to make sure that we have the essence of everybody's feedback correctly registered. So, today may have a little bit of wordsmithing conversation in it. And if we can get ... going away about which things are key, that's fantastic.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay. Any questions from the workgroup themselves. If not, we're going to immediately move to the first section which has to ... the question is ... this is about the demographics and whether or not we should retire any of the measures and should we add occupational and industrial, sexual orientation and disability status. If you look at our comments, what you see highlighted is, I was unclear or one of us was unclear, when we went back through the notes that Scott provided us, the comment says "date needs to be included as well, physician in EP setting and initial assessor in the EH setting." I can't determine what that means, and if I can't, then I suspect that someone reading the document can't. Does anybody recall what that was about? Okay.

**Christopher Ross – Mayo Clinic – Chief Information Officer**

Liz, this is Cris. I'm sorry, I can't help much; I was not available for the meeting when we went over these first three items.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

I know. Okay ...

**Christopher Ross – Mayo Clinic – Chief Information Officer**

Sorry about that.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

I just am not, I am unclear and Scott, can you help at all, because there would have been a lot of conversation around that comment.

**Scott Purnell-Saunders – Office of the National Coordinator**

Yeah, I think it was just as including when the assessment was actually done ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay, so that's what we should say.

**Scott Purnell-Saunders – Office of the National Coordinator**

Okay.

**Wes Rishel – Gartner, Incorporated – Vice President & Distinguished Analyst**

Well, I was going to wonder if it had to do with the other questions on disability status, the date of disability that was ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

That's right, you're right Wes. Now that you say that, I recall that conversation.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Yeah.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Date of ...

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

And there was one other note, should we include functional status was also a discussion topic.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Yeah, date of disability status assignment – I'm going to write notes, I'm sorry guys; you're going to have just bear with me for just a minute because we won't have time to do another round. And then you're saying, inclusion of functionality status Anne?

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

Functional status.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

And that was just the notes I wrote.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Right. Thank you.

**Scott Purnell-Saunders – Office of the National Coordinator**

Liz, I'm capturing this as well, so, I'll send you the ... immediately following the call.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay. All right, any other thing on any other comment where you do not think we ... you'd like to add to the comments made on this first measure. Okay, moving on to 105. This has to do with maintaining the up-to-date problem list concurrent and active diagnoses. Umm, and the question was around how to incorporate certification criteria for pilot testing and what we'd be pilot testing is the ... using EHR technologies to identify patients for a problem that they've not yet been diagnosed. So in the comments ... go ahead.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

There was a lot of discussion about keeping that at the very chronic level, the like top five.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay, so what we want to say here is – so, under the comments, okay, we want to do top, I'll just write that note down. Okay, if you look here, the yellow part is what was included in the original comments. I wrote a comment in in green, would you all read that and see if that catches one of our issues, if it's correct.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

This is Wes. I would avoid saying "to determine problems," to provide assistance in determining problems or something.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay, that's fine. Other edits? Okay. And then Anne, I think under not opposed generally, but ... not too restrictive in limiting. What you want to say is, consider the inclusion ... consider a limitation to the top ten chronic conditions or something of that nature.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

I believe that was the discussion that was held.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

Umm, yeah.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

I think what, we've got a quandary here, and I've written that comment down. We've got a quandary here because we – on the next one we've also said that we need to allow the flexibility because even if ... you could be an EP and have the top five chronic, or even better example, you could be an EP that's a super-specialist, and none of the top five chronic problems would touch your specialty. So I think we just need to be ...

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

I think that's – so, the question is, would we, if you're an orthopedist, would we suggest ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Diabetes.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

... or lupus. I mean, I don't have the training to know what ...

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

We were suggesting that if there was logic that it would align with the specialty and reflect chronic conditions related to the specialty.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

I think the challenge there is – you're absolutely right, I think the challenge is the complexity of that. I mean, if you think about it, and John Travis, you can certainly speak up, but if you think about it from the vendors perspective, I mean I suppose you can put the logic in and then it would get left to the providers to build it out, because I don't think that kind of logics going to be provided from our, at the disease level from our vendors.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Yeah, this is a certification criteria, correct.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Right.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

I mean, all right, so I think that it is more difficult for certification to create hard test data ...

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

Right.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

... in this, where I don't think the criteria are all that hard myself ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Right.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

... and that there's nothing in making this a certification criteria that prevents vendors from adding that kind of logic anyway.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Right.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

It simply is – it makes their system easier to use than a system that doesn't do that. So, I would suggest that we not go down that road.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay. So what we're saying is this kind of, type of requirement will create significant challenges in the testing arena for certification and that we're not ready for that. I mean, not that we're not ready to test, that this type of functionality ...

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

I mean the specific rules; I don't know that the healthcare industry is ready to have those ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Right.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

... specific rules standardized.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Right. That's, yeah.

**John Travis – Senior Director and Solution Strategist, Regulatory Compliance, Cerner Corporation**

Yeah and proof of – this is John – proof of the capability is kind of then proof of what, until it is ...

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Well, I mean you can say it has to be configured that a certain specialist can avoid a certain disease, but as soon as you say one of those, you're effectively arguing that that problem is never of interest to that specialty.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
Right.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

And I just have the feeling that we will be doing well to get people to comply with doing this in the first place. We do better when we work on getting a simple new feature installed in one stage and then amplifying on it in subsequent stages, than trying to run too far down the road on the first time a feature comes in.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

So if instead, let's see – so, what you're saying ... is this what you're saying? Would you say that this could be in Stage 3 simply identifying ... what would be the first step, is what I'm trying to get to. So what can we make the first step so that we can start to move the ball down the road?

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Well, I'm, what is ... all right. So, I'm looking at what is Stage ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
Two.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

... the second column, there's no heading on the page, so, the third column, one little one, two big ones, is what's proposed, right?

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

No. The second column is what's proposed, the third column is future state?

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

The second column is Stage 3 recommendations, third column is proposed for future stage.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
Right.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

So, the ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

So what it is Wes, is if you look at the second column is proposing that if diabetes is not on the problem list, by hypoglycemic medications are on the medication list, then the system should shoot a question to provider that says, should diabetes be on your list?

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Just – that's the third column. I mean, the first column says Sgroup105.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Oh, I'm sorry. You're right.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

So ...

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

So, it is the third column that is the Stage 3 recommendation.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Right, yeah, okay.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

We weren't counting the number, sorry.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

Yes.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

So, I – but I believe the question we're having is, is it sufficient as stated or should it also state that the rule may be specific to specializations, right?

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Yes. Right.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

To specialties.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Right.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

And I think that if we are silent on being specific to specialties, that doesn't prevent vendors from implementing specifics to specialties. If we call for it, then we're asking vendors to implement logic where there's a lot of clinical knowledge involved in creating that logic at the last minute, effectively, Stage 3 being the last minute at this point. It would be a great think step forward to have a certification rule that says you have to do this and have implementations that are done by what the market wants with regards to specialties and then to decide whether, after we have this, to decide for Stage 4 or our heirs or whoever, to decide for Stage 4 whether it's worth certifying on that specialty exclusion or not. I mean it's not exclusion; it's an additional decision logic for specialties.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

You know, based on what you said Wes, I say we remove that final, that last bullet and be silent on the specialties.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

The last one on the balance or the last two?

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

The last one with the balance.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay. So what I'm going to do is – okay, I'm going to ask the group a question. Have we answered the question, how to incorporate into certification criteria for pilot testing?

**Wes Rishel – Vice president & Distinguished Analyst – Gartner, Incorporated**

Yes.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay. And so, we'll remove the last bullet, we'll clean up this portion. Does anyone else have any input on this particular standard?

**Christopher Ross – Mayo Clinic – Chief Information Officer**

Liz, I think the comment here which is chronic nationwide issues are more possible, we might add something like, as are specialty-specific problem lists and leave it at that. And then that would reflect...

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Do you think that would ...?

**Christopher Ross – Mayo Clinic – Chief Information Officer**

... Wes was just saying.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Do you think that would be understood outside of stand-alone?

**Christopher Ross – Mayo Clinic – Chief Information Officer**

Probably not. We clearly need to improve the language here and tighten it.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

I don't even think that the second bullet with content there, "Not opposed generally but want to ensure that this is not restrictive and limiting," I don't even think that's clear out of ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

I don't either.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Yeah, I'm a good example of out of context, because I wasn't on the call when this was discussed, but...

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

I think that's that chronic nationwide issues was our default conversation where we said, the best case that we would ever get to that you could even certify was like a top five chronic list like diabetes, hypertension, cholesterol prob – you know, like the top five national issues.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

But do we really want ... because ... are you ...

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

But that sounds to be more restrictive rather, I mean, the problem I'm having is determining, is understanding what too restrictive and limiting means ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Right.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

... I would propose, I'm just looking at the green above it – there's all sorts of issues like when are birth control drugs indicating acne and things like that. So, I would suggest that a bullet that says: "Should be limited to a few high importance, low ambiguity cases."

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

That works.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

That's good.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

It is good. High importance ...

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Then I'd drop the other two bullets.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

I agree.

**Christopher Ross – Mayo Clinic – Chief Information Officer**

Do you want to say anything about specialties?

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

No.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

No.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

No.

**Christopher Ross – Mayo Clinic – Chief Information Officer**

All right, all right.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

You know those ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay, so it was should be limited to a few important, low ambiguity ...

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Cases.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

... cases.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

High importance.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Yup. Okay, we got it. I'm going to have to push the group on for us to get through this document. Okay. The next one, which is 106, which has to do with maintaining up-to-date, accurate medication lists. Our question, of course, is how to incorporate into the pilot testing. This is where we kind of went off on the filling and dispensing, which was really suggested for the future; but, one of the questions that I had back to the group was, our comment that Scott captured was, first sentence was alarming to the group, but in looking at this, I have no idea what that means. What sentence was alarming to the group and Scott, I presume you didn't capture what we were talking about, unless it was the filling and dispensing, which is not – I'm struggling.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

There was a lot of discussion about this one tied with the prior one were too tight decision support. I think the alarming aspect was it was almost like a deadly embrace between the two.

**Scott Purnell-Saunders – Office of the National Coordinator**

Right and the issue was that having this requirement along with something else would be too restrictive on the provider directly.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Well, we did modify the previous comments ...

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

Right.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Right.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

... to say, to make it clear that it was a suggestion to the provider, it wasn't a ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Right.

**Wes Rishel – Gartner, Incorporated – Vice President & Distinguished Analyst**

... an automatic determination. I'm not – this is motherhood, how can we be upset about it?

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

Right.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Well I think the challenge is that it says how do we incorporate this into pilot testing, and that doesn't really give us an opportunity to comment on whether we think it should be incorporated, it just says if you were, how would you. Now we have the option obviously of saying we think this is great for the future, we are not ready. Is that how the group feels?

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Well, I don't know, what's so difficult? I'm obviously missing something that you all are seeing.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Well what its saying is, for example, in Stage 3 ...

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Uh-huh.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

... in order to keep the medication list, systems would provide decision support about additions, edits, deletions from the medication list. For example, an antibiotic that has been on the medication list for over a month, the EHR system would prompt the provider to say whether it's a chronic medication or it should be removed. So, we've got some kind of a ...

**Wes Rishel – Gartner, Incorporated – Vice President & Distinguished Analyst**

Okay.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

... search engine going out there looking at the database and saying, you know, you've had a medication on your list for over a month and we'd have to set the time frames, and then I'm going to prompt back to my busy EP for a patient he hasn't seen in three months, and say, should this come off the active medication list or not. That's what the concept is.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Okay.

**Christopher Ross – Mayo Clinic – Chief Information Officer**

And you're focused just on the certification, the top one of these two on 106, correct? Provide functionality – yeah, we're not even commenting on the use of problems or last test results to support this, correct? We weren't asked to comment on that.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Well yeah, it – we weren't, except that you can't create certification criteria on a criteria without including what the criter – what they're asking you to do which is, by using ... well, the actual criteria says to use lab and ... problem and lab data ...

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Vital signs.

**Christopher Ross – Mayo Clinic – Chief Information Officer**

You don't think that, that's actually, I mean, it looks like a formatting issue, but I think we're being asked to comment on both of those certification criteria ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

I agree.

**Christopher Ross – Mayo Clinic – Chief Information Officer**

And right, I got it. And what you were saying just a minute ago is a problem in and of itself and then the idea of also trying to use problem and lab test results to deal with that issue about, you know, an out-of-date medication.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Correct.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Well, yeah, so the second paragraph – I mean, the first sentence of the certification criteria section is mother, pie and apple hood.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
Right.

**Wes Rishel – Gartner, Incorporated – Vice President & Distinguished Analyst**

The second paragraph is alarming and what we're really saying is that it's alarming because of what the function is, not because of issues around testing it, right?

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
Right.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Right. So, we would be – I think we should just say, this certification criteria ... inclusion of this ... I'm looking for the right word here ... I keep getting lost in this ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
What if we just said expansion of the measure as indicated in the certification criteria. How about that?

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Yeah. It is of concern because of impact on physicians' workflow.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
There you go – in certification – hang on just a second so I can get it down.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

Can I just ask a question? Is nobody concerned that we're not even discussing what kind of logic might be in vendor system A versus vendor system B versus vendor system C on this?

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
Well I think Anne, we probably are, but I think the challenge becomes is that – I mean, I think by just, I think by saying that expansion of this measure is of concern ... expansion of the measure as explained in the certification criteria is of concern because of physician workflow, we could add and varying vendor functionality?

**John Travis – Senior Director and Solution Strategist, Regulatory Compliance, Cerner Corporation**

Liz, this is John, and in sum – we're going to say in our comment letter that maybe along Anne's lines and I'm looking at the example in that second certification criteria, never mind that they use two uses of passive voice in it, but what is the criteria you're testing again. I think what you'd want consistency about is to say with some specificity, and this is probably too early, but maybe it's a comment back, we'll certainly make it, what are you driving that evaluation off of? So is it, say something that can be tested like it's based on last fill date or it's based on an interval of time since a refill has occurred, you know, so something that adds concreteness to the statement of, well gee, maybe it's an antibiotic that could have possibly been something the patient didn't get refilled. That's too squishy and that's what leaves it very open to whatever the vendor might do to indicate a med is overdue or something like that. That criteria needs to be consistently defined so it's not inconsistently applied.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Yeah. I'm also wondering if this isn't being confused with clinical decision support about discontinuing antibiotics and things like that ...

**John Travis – Senior Director and Solution Strategist, Regulatory Compliance, Cerner Corporation**  
I had that same wonder Wes. Yeah.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**  
Right.

**Wes Rishel – Gartner, Incorporated – Vice President & Distinguished Analyst**

So, I think that the – we would need clarity and more specific discussion to accept or to ... before we would recommend this criterion, oh no, it's not a criterion, what is it – yeah, it's a criterion, the second criterion, and we would need more specific use cases to understand how to certify it.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay. So, clarity, okay. I have a – I'm going to read to you what I have for the response to this, it's simplified, expansion of the measure as explained in certification criteria is of concern because of physician workflow, varying stages of...or varying, I need to modify vendor readiness, vendor functionality, and clear definitions of time lines related to triggering events.

**John Travis – Cerner Corporation**

And maybe factors in triggering events, too, because that's part of our concern is the inconsistency of logic could be we – two vendors read the same statement of objective and reach different conclusions about what might trigger it.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay.

**John Travis – Senior Director and Solution Strategist, Regulatory Compliance, Cerner Corporation**

I'm not sure if ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay, and then we need more clarity on use cases to produce adequate pilot test scripts or adequate certification criteria.

**John Travis – Senior Director and Solution Strategist, Regulatory Compliance, Cerner Corporation**

Yeah.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay. Let's go on to the next one guys, and again, I have to push a little bit because of time...anybody else have anything on this one, then we're moving to 113. Anne, this is – 113 is the one that had the question specifically to the Policy Committee, I'm going to go to the second one, it's in the one, two, three, four, fifth column, counting the number, where it says the Policy Committee is interested in experience from payors that may contribute to clinical decision support.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

Yeah. Here's what I recommend, go on to the next one, let me read this.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

I'll tell you if I interpret some comment.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay. And then the first one was, we were a secondary component to it, where we were the ability to consume CDS interventions from central repositories. Let's look, before we move away from 113, let's look at our comments. On the repository question, this is the third bullet, Cris added EPs, EHs and vendors should be able to access central repositories but the certification requirements should not assume that they exist in all areas. There need to be alternatives to central repositories to meet this requirement.

**Christopher Ross – Mayo Clinic – Chief Information Officer**

I think that was our conversation Liz, on that topic, that it was a good thing to have and that it ought to be supportable, but not required.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Right. And then I don't – and I think that may incorporate the next bullet, local resources should be available when needed. Again, when the comments make sense when you're having the conversation, but out of context without the bigger picture, it doesn't make sense.

**Christopher Ross – Mayo Clinic – Chief Information Officer**

I think we should take the first bullet point, I think we should take as is. I think we should – I would propose that the thing that I put in Aqua should be second and then I think we should do reporting and follow up items need to be managed and handled properly as the third bullet point.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay, and we'll take out the fourth one and we'll await Anne, when you get a chance to look for something on the payor's side.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

Okay.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

All right. Any other comments from anyone? Let's move on to 118. This is where we had a long conversation about the availability of images and we put in, we had several comments, which I think are fine. I think that here what we talked about was cost and the relevance of the image itself and let's see, the summary of imaging is always important, but the actual image is sometimes important, it could be used for clinical purposes. This is a discussion that we had at length about the fact that many doctors, EPs and so on, look at the report, they don't have a diagnostic quality image anyway and it's not critical and it feels like it's unnecessary to raise this any higher, that we ought to leave 5% alone.

**Christopher Ross – Mayo Clinic – Chief Information Officer**

You know, the...the stuff I put in aqua was trying to get to Joe's point, which raised this. Everything you just said plus, I thought about the conversation later, for someone like Joe, he's not going to be in an environment where he's connected to the PAC system that generated the image. So does that mean that he needs to get all images for all patients transferred to him? It was those kinds of issues that we really ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Well yeah, when we really – yeah, and what we really pounded him on was on 204A, which is the...

**Christopher Ross – Mayo Clinic – Chief Information Officer**

Right.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Yeah. So, they're kind of combined, but I think this is a good summary statement. I think we can use the aqua statement and then just use that first and then add additional color to it with the additional comments, if that meets everyone's ...

**Christopher Ross – Mayo Clinic – Chief Information Officer**

I think our conclusion is that the 10% is ... and a menu item is a reasonable approach.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Right. Ten percent and, so I would say, instead of saying should be considered, I would say recommend menu item and continued ...

**Christopher Ross – Mayo Clinic – Chief Information Officer**

Ten percent.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

... at ten percent, right.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

I know you're working under a time constraint, I'd like to raise just a slight amount of ... point of view. The cost of putting in a DICOM reader is not that great. The issue of being able to have the connectivity to the source of the image for that DICOM support is a greater issue. It implies building a trust relationship with that source or having an HIE that supports imaging or, particularly this kind of imaging. So, I would say that – I would say the cost of achieving interoperability with image sources is a problem, as opposed to cost of the problem.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Got it. Anybody object to that? Okay.

**Christopher Ross – Mayo Clinic – Chief Information Officer**

I think that's a good summary of our discussion.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

... interoperability. Okay. So cost of achieving interoperability ...

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

... with the image source, with the image source practice ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Basically, if you look at the people who are doing it, they've got special jury-rigged logins ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Yup, that's what we do.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Yup.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay, I've got it. I'm sorry guys, I apologize again; I just want to make sure we get everybody's comments clear so that when they get ready to do it, we are there. All right, I want to move us then to 204 which is a continuation of the conversation about images and this one, interestingly enough – okay, this is where they were asking for images to be sent to the patient, it, and then we were asked to look at images again, our readiness to send images, not just actual reports. So, we have three under this...or two under this one. We're going to talk about images first. So if you look here it says, what we captured originally under 204A, which is the image conversation is, there's a potential issue that PACS products are not certified and getting out of PACS could be difficult. That...so I was reflecting on the conversation in my ... it reflects ... radiology images are currently being uploaded today in inpatient records, but cardiology and other images are in much earlier stages of integration. So I think again what we're missing here is a definition of imaging. And then, the second point we made was that eligible providers and patients may not have the need or desire to view the images and there was concern expressed over the ability of patients to be able to receive large images. Other comments, have we missed it completely or is this – I think in conjunction with the last one, we may have covered our feedback on images.

**Christopher Ross – Mayo Clinic – Chief Information Officer**

Yeah there are some other elements in here Liz, I think we're pretty good and your comments just surround the issue about ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Images?

**Christopher Ross – Mayo Clinic – Chief Information Officer**

Yeah.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay, so let's move to radiology dosing – radiation dosing, excuse me. So, what we wrote here, from Scott's retrieval, was who is responsible for providing the information, vendor or provider? I guess in my world, the vendor would never be responsible for providing the data; they would be responsible for providing the functionality. The provider is always the responsible party. So I'm not sure what conversation that was taken from. We did write a comment about – I think that encapsulated our concerns. Would you all read what's in green and edit it please? So is it reflective of what we want to express back to the Standards Committee and to the Policy Committee related to radiation dosing?

**Christopher Ross – Mayo Clinic – Chief Information Officer**

Liz, you're asking us to wordsmith the green stuff under 204-A?

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Yeah, correct.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

204-A dosing, right?

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Correct.

**Christopher Ross – Mayo Clinic – Chief Information Officer**

I think your summary is awfully good, as if...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Well, I might go ahead and please, when we get to 204-A, if someone else wants to come back to the radiation dosing, please feel free, and then we'll make sure we close. Under...poor Wes, he's going to choke me in a minute here. Under the – and you weren't with us last time Wes, and we were struggling with the web content accessibility guidelines and our candor, and it's reflected here, we did not have the knowledge in our...on the call to speak about whether we should be at A or double-A. I mean, we went out and looked at it on the web and then we all agreed that we couldn't do a crash course on it. Do you understand what they're asking here, Wes?

**Wes Rishel – Gartner, Incorporated – Vice President & Distinguished Analyst**

Uh...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

It says that ONC adopted level A conformance as the standard for accessibility web content in accordance with web content accessibility guidelines. It's over in the fifth column.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

No, I don't – I mean, I could ... you're going to present this on Wednesday, is that ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Yeah. I mean, I think we can do one of two things. I mean, we are the primary responders, so we should, if we have the ability to respond, we should ...

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

All I can do – I can try to go offline and look it up right now, but ...

**John Travis – Senior Director and Solution Strategist, Regulatory Compliance, Cerner Corporation**

Yeah Liz, this is John. I don't know if you saw my email. I talked to our portal folks and our imaging team and they really felt that the image...the requirement applied to the web page...you know, this is maybe a distinction that is chancy to draw, but they were drawn at that the web pages that were under the control of the portal application should be subject to that. And if there's an image viewer that's being incorporated, you're not going to be able to change the behavior of that image viewer really. It may or may not have been designed for that kind of accessibility requirement, but it's an artifact of the image viewer ...

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

That creates a pushback on the suppliers ...

**John Travis – Senior Director and Solution Strategist, Regulatory Compliance, Cerner Corporation**

Yeah ...

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

... of accessibility viewers, right, whose customers are ...

**John Travis – Senior Director and Solution Strategist, Regulatory Compliance, Cerner Corporation**

Exactly.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

... EHR vendors, so I don't think – I think that by itself doesn't preclude such a requirement, I mean it happens all the time that ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Yeah, the question we got asked is how difficult was it to meet level double A conformance, and we all went, well, if we knew what double A conformance was, we might be able to answer the question. And John, you're saying that it ...

**John Travis – Senior Director and Solution Strategist, Regulatory Compliance, Cerner Corporation**

It wasn't necessarily that it shouldn't be applied, and I think that the way that they've been applied, it's not everything. Basically the way that that requirement is written for the portal application in 2014 certification is, there are a series of statements of conformance that primarily have to do with visual application behavior, so contrast, font, arrangement of particular functions and the behavior of the navigation aids to the end user, that in the context to how you reply to it, you either indicate you're conformance ability or why it's not applicable. So, as Wes says, I'm not sure it's necessarily that onerous that a vendor of an imaging application, considering the clinical use of the imaging application, they have to think about accessibility potentially, depending on who they're selling to. It's a requirement of a lot of government contracting, things of that nature, especially federal and state as well. But, in this context, it may be a difficult thing to apply to the portal application developer. They may not even be in control of it; they may have integrated a third party component to handle the image viewer.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

And that's where I was suggesting if in fact the bulk of the market for these third party components is EHRs, then that means that they're going to either sell product or not, according to whether they meet the requirement. On the other hand, if the bulk of the requirement is other systems, not EHRs, then the EHR vendors are out on a, are kind of stuck, because they have a requirement that they can't buy the software to perform.

**John Travis – Cerner Corporation**

Well and what's interesting is that there's not been not been, and maybe this is a general comment, I don't know where it lands, there's not been an accessibility requirement introduced for EHR certification for clinical end use in this program yet and it would seem to me for an image viewer, that you would – you might generally aim at that, because they're consuming whatever it is here for the portal and may be in a poor position to control it or, now you're telling them they've got to go switch it out to something that has that ability, which, that may be fair.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

So here's an AA requirement. Pre-recorded audio description is provided for all pre-recorded video content. So that's so – effectively that's how a blind person watches a movie, they have another channel they can listen to this audio description. That seems awfully hard for diagnostic imaging.

**John Travis – Senior Director and Solution Strategist, Regulatory Compliance, Cerner Corporation**

Well, for an image viewer, there is, and I'm not trying to be facetious...

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

There is no audio.

**John Travis – Senior Director and Solution Strategist, Regulatory Compliance, Cerner Corporation**

... yeah, exactly, you know, how can I describe it to you. The – but there's other things that I think certainly for not complete loss of sight, but for macular degenerative conditions that still allow...

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Right, so there's contrast – there's minimum contrast requirement for double A, large text, how it applies to images that aren't text ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Guys, would it seem like it would be appropriate to say a thorough evaluation of the requirements under double A is required to respond to this?

**John Travis – Senior Director and Solution Strategist, Regulatory Compliance, Cerner Corporation**

Yeah, which ones are really ...?

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

I would go a step further; I'd say that a cursory examination of the double A requirements identifies issues that would make it difficult to be double A requirements. It's possible a thorough examination might develop a modification of double A that is usable.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay. Hang on just a minute.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

And the older I get the more I like some of these enhancements.

**John Travis – Senior Director and Solution Strategist, Regulatory Compliance, Cerner Corporation**

Yeah.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

You and me both – okay, so a cursory examination of the double A requirements identifies issues indicating significant challenge with standard as written. A thorough evaluation could lead to suggested changes maybe, just for simplicity ...

**John Travis – Senior Director and Solution Strategist, Regulatory Compliance, Cerner Corporation**

Or which ones are really applicable, yeah.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Or, what's the term I use for quality criteria, exclusions of double A criteria that would...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay, that, okay. All right. Okay. So now we're moving to 303 which is transitioning patients from one to another and the question that we were asked is, what would be the appropriate increase in threshold. They were suggesting, as I recall, we moved from 50 to 65 ...

**Scott Purnell-Saunders – Office of the National Coordinator**

Liz, isn't this 207?

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Huh?

**Scott Purnell-Saunders – Program Analyst at US Department of Health and Human Services**

Isn't this 207?

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Am I on the wrong one? 207. I beg your pardon. Okay, so you're correct. So the next one is, secure messaging and the current threshold is 5 and what we are saying is, leave it at 5. Anybody object to that?

**Christopher Ross – Mayo Clinic – Chief Information Officer**

Nope.

**John Travis – Senior Director and Solution Strategist, Regulatory Compliance, Cerner Corporation**  
Nope.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
Okay. And now we can move to 303, is that right Scott?

**Scott Purnell-Saunders – Program Analyst at US Department of Health and Human Services**  
That's correct.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
Okay, so 303, I beg your pardon guys, was – the question had to be the increase in threshold again, and this is where it's currently at 50 and they're suggesting we go to 65 and we said, this is on summary of care from one area to another. The comments we – John Derr for example laid in that the information was extremely helpful for those that are being sent to nursing or long term care, but we have a debate – if you read our comments, we are not in agreement with each other, because in one comment we say it's extremely ambitious and in a different comment we say, 65 is okay. And, we as a group need to decide do we think 65 is appropriate or should we remain at 50?

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**  
Can you refresh my mind, is this a menu item?

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
Not any more, core.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**  
So, was that 50% menu item that's moving to 50% core, is that right?

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
Core. That's correct. And then for Stage 3 they're suggesting it be moved to 65% of the time.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**  
Oh, so Stage 2 is 50% core.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
Correct.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**  
Stage 3 is just an increase of 15%.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
Correct.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**  
Well, you know, I – if you make the assumption that the Stage 2 criterion is met and there's a two to three year time lapse between Stage 2 and Stage 3, I don't have any problem with, at this point in the development of Stage 3, supporting it being incremented. I think that, I think that the natural way of things is that if someone is able to scramble and do everything possible and meet 50% for Stage 2, the number of trading partners who implement this will be higher two years later. I mean, if – so, I don't get ... of this one.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
Um, others on the call?

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**  
Sounds...

(Indiscernible)

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
Okay. So what we want to say is that we think...so, all the comments are most helpful if the leading comment is 65% is acceptable, is an acceptable increase from Stage 2.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

I would say at this level of planning for Stage 3, that 65% sounds acceptable. You know if they get into...put out a rule...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
Right.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

... and the rule says 65% and in fact people are failing because they're not making 50%, then they very well may change it, but, at this stage, it sounds good.

**Christopher Ross – Mayo Clinic – Chief Information Officer**

This is Cris. We have that technical conversation about if you put a record in a repository, does that count for purposes of calculation of the number, and we just ought to be clear about that.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

I would argue that that doesn't count.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

Is our meeting one hour?

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
One hour. So, we're up ...

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

Yeah, and let me quickly just, I've figured out what they want on the payor side, I think. I think they're just asking you to consider maybe if you have hearings or a survey, to ask payors what position they're in in order to pass discrete data elements to support authorizations ...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
Um hmm.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

... in order to send back real time or not real time approvals or denials to hospitals or EPs, I'm not sure if that was both or not. So, I think it's more of a query to see what state they're in.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay, so you're thinking Anne that – so she's going back to 113 for the groups perspective, the question is the Policy Committee is interested in what payors may contribute to CDS and our comment back was that in order to gather that data, we would include them in a hearing or a survey or something. In other words, we'll actually query the field.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

I think that's what we need to do, and due to the increase of accountable care and interactions with hospitals, I think that we just need to gauge the state of payors, and when to include them.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Yeah I thi – I actually read it a different way, but, you've had a chance to look at it more thoroughly. I read it to say to what extent could payors, based on all of the work they've done with care management, be suppliers of CDS criteria, not limited to approval criteria.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

I think that's another question that can be asked in a hearing.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Okay.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

Because I think that, I'm not sure that that is, you know...I think they can, but each hospital has to deal with multiple payors and they can vary across those payors.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Absolutely, I mean, there's a specific standard that's implemented in Stage 2 that allows an EHR to request clinical decision support criteria based on certain data elements, and it's an online, immediate transaction. And part of, I think, if we pose this question to a group of payors, part of the question should be their ability to support the same standard that other suppliers of clinical decision support information use, based on ... you know, it's ... I know the payors have come a long time since it was a very controversial item asking for immediate response eligibility checking, but I'd like to confirm that through testimony.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

I agree.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Wes my reaction diplomatic there?

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

So, MacKenzie, I know we have to go to public comment, can you do that please?

**MacKenzie Robertson – Office of the National Coordinator**

Sure. Operator, can you please open the lines for public comment?

**Rebecca Armendariz – Altarum Institute**

If you would like to make a public comment and you are listening via your computer speakers, please dial 1-877-705-2976 and press \*1. Or if you are listening via your telephone, you may press \*1 at this time to be entered into the queue.

**Joe Heyman, MD – Whittier IPA**

Hey Liz, this is Joe Heyman, I just wanted to let you know I've been on for about ten minutes, I forgot all about it.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

All right, thanks Joe.

**Rebecca Armendariz – Altarum Institute**

We have no comment at this time.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay, so here's where we are. We have to prepare this document. If any of you who have the time and are willing would go through – there's very little remaining that we need you to look at what the comments are and I'm asking the group, if it seems appropriate to allow what we know, if you'll give us comments by noon today, if you have anything else that's a burning issue, and then would you allow Cris and I to take some license and pull together the primary concepts, because like what MacKenzie said, we're not going to go over this line-by-line, but we will need to pull together themes. If any of you have suggestion for general themes, we'd be very open to that, but I'm concerned because we need to get a document together and presentable, I guess by noon tomorrow, is that right MacKenzie?

**MacKenzie Robertson – Office of the National Coordinator**

Yeah, that would be – that's the time frame for now, but if you need a little bit of extra time, I can probably work with you, because I know we're on a short time frame.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Right.

**Christopher Ross – Mayo Clinic – Chief Information Officer**

So Liz, I'm also concerned about just making sure that we give concise answers to the...on the grid here, so that that can be included in the consolidated comments.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Right.

**Christopher Ross – Mayo Clinic – Chief Information Officer**

What's our timeline and process, I mean, you've been taking notes and writing pretty clearly. Do we want to start with your draft Liz?

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Yeah, that's fine with me. I just – the challenge I have is, as many of you probably have, I can't sit down and type it in right this minute, I've got ...

**Christopher Ross – Mayo Clinic – Chief Information Officer**

Right.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

... back-to-backs until 10:30. At 10:30 Central time, I can enter my information and send it back out to the group and Scott, we can collaborate, but, I think we need to quickly turn it back to the group for another review. The only other choice we have is to meet again at 8 o'clock in the morning, I don't even know if that's available MacKenzie, or if anybody can do it.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

I'll be on an airplane at that time.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay.

**MacKenzie Robertson – Office of the National Coordinator**

I'm checking the calendar.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

I'm on an airplane as well.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay. So, if we – here's what I need – question I need please, if we will turn this back out to you before noon today, which is Central, I live in Central time, so please make the adjustment for your calendar, can...does everybody have time to take a look at it before 5 o'clock this afternoon?

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

Yes.

**M**

Oh boy.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Yeah.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay, so why don't we do that and then you can give us feedback, and if you'll just, I'll put everybody on the email, just reply all and then tonight we will get the comments to make sure we have not missed something or not given back to the committee what you want, as well as begin to work on central themes and turn it again by email, late tonight for feedback in the morning. And again, recognizing that time frames are challenging.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Yeah. I'll be traveling from 5 in the morning my time until 3 in the afternoon Eastern time, so I won't be much help there.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay.

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

If you need to do anything tomorrow evening, let me know.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**  
Okay.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Yeah, I mean ...

**Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect**

Because I'll be in Washington.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

The worst we possibly would do, in terms of getting it in late will be better than Fridsma, so...

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

MacKenzie, you can hear that, right.

**MacKenzie Robertson – Office of the National Coordinator**

I heard that. I would say, focus on getting the RFC comments into the grid and then for the high level slides, if that needs to be pushed back because of this very tight time frame, then, we can do that as kind of a part two tomorrow.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Okay. All right, let's get the comments in the grids and then we'll go from there. And again, anybody who has any suggestions about, we have one slide to say what our overall takeaways were, so we want to begin to think about that and again, it will be this evening before I can give that any thought.

**MacKenzie Robertson – Office of the National Coordinator**

Okay.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

All right?

**MacKenzie Robertson – Office of the National Coordinator**

All right, than you everybody.

**Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President**

Thank you.

**MacKenzie Robertson – Office of the National Coordinator**

Bye bye.